

**MICHIGAN DEPARTMENT OF CORRECTIONS  
CONSULTATION**

**SITE: LCF****COMPLETED BY: Bhamini Sudhir MD 01/24/2019 1:33 PM****Patient: MITCHELL SPROESSIG****ID#: 299543****DOB: [REDACTED]**

Reference #:

Date of Request: 01/24/2019

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

---

**Procedure/Test Requested: Consult****Specialty Service Requested: Surgery****Presumed Diagnosis:**

Hyperlipidemia, mixed	272.2
Hypertension, essential NOS	401.9
GERD	530.81

**Signs & Symptoms:****Date of Onset:**

Patient with ventral hernia, c/o constant pain and discomfort. Patient states that he has had for years and now it is getting worse, he states he is unable to do any exercise or any activities which needs him to stand for long time or any bending activities.

Exam-Ventral hernia, measuring about 10cm per the RN, even with patient laying back the hernia is significantly enlarged and does not spontaneously reduce.

Patient seen on telemed.

**Enrolled in Chronic Care Clinic(s)?**

<u>Clinic</u>	<u>Chronic Condition</u>	<u>Code</u>	<u>Last Visit</u>
Fair	Hypertension		06/25/2016

**Current Active Medications:**

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
10/09/2018	04/09/2019	Lopid 600 mg tablet	Take 1 by mouth 2 times a day (KOP)
10/16/2018	04/09/2019	hydrochlorothiazide 25 mg tablet	take one by mouth every day KOP
10/16/2018	04/09/2019	lisinopril 10 mg tablet	1-PO once daily every morning. KOP
10/16/2018	04/09/2019	Tums 200 mg calcium (500 mg) chewable tablet	1 three times a day as needed (KOP)

NAME: SPROESSIG, MITCHELL D

NUMBER: 299543

D.O.B.: [REDACTED]



**MICHIGAN DEPARTMENT OF CORRECTIONS  
BUREAU OF HEALTH CARE SERVICES**

---

DATE:01/24/2019 1:33 PM

**SPECIAL ACCOMMODATIONS ORDERS**

---

<u>Start Date</u>	<u>Stop Date</u>	<u>Ordered</u>	<u>Ordered By</u>	<u>Order</u>
10/13/2010		10/13/2010	Sharon K. Curtis	Medical Equipment/Supplies: solarshields
12/30/2018		12/30/2018	ECoe M. Hill, NP	Medical Equipment/Supplies: XL abd binder no further appr required per ACMO 12/2018
01/24/2019	01/24/2020	01/24/2019	Bhamini Sudhir MD	Work Assignment: No lifting more than 10 lbs.

**Document generated by: Bhamini Sudhir MD 01/24/2019 1:45 PM Facility: LCF**

Name: MITCHELL SPROESSIG  
Inmate ID: 299543  
DOB: [REDACTED]